

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **1-28-03**  
**02-179**  
**SCOTT REED**  
**RESORT AVIATION SERVICES, INC**  
**401 FRONT AVENUE**  
**SUITE 205**  
**P.O. BOX A**  
**COEUR D'ALENE, ID 83816**

2. Article Number (Copy from service label)  
**0023 0711 1835**

PS Form 3811, July 1999

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
**2/11/03**  
 C. Signature ☐ Agent  
☐ Addressee  
☐ Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
 4. Restricted Delivery? (Extra Fee) ☐ Yes

DOCKET NO. **02-179**

RECEIVED &amp; INSPECTED

FEB 4 2003

FCC - MAILROOM

**CERTIFIED****MAIL****RETURN RECEIPT REQUESTED**

NAME: **SCOTT REED**  
**RESORT AVIATION SERVICES, INC**  
**401 FRONT AVENUE, Suite 205**  
**P.O. BOX A**  
**COEUR D'ALENE, ID 83816**

C. R. R. NO.

BY

## U.S. Postal Service

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

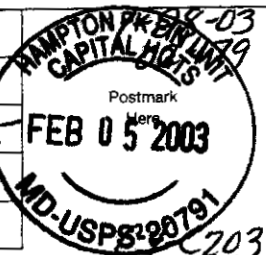
Postage \$

**37**

Certified Fee

**2.30**Return Receipt Fee  
(Endorsement Required)**1.25**Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

**4.42**

Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or PO Box No.

City, State, ZIP+4

P.O. Box A

**401 FRONT AVENUE Suite 205****COEUR D'ALENE, ID 83816**

See Reverse for Instructions

5887 1220 2200 0090 0002